



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
BREATH ALCOHOL PROGRAM  
**DATAMASTER MAINTENANCE REPORT**

**CORRECTED COPY**

received 2/25/2014

**REVIEWED**

By Carol Day at 11:33 am, Mar 14, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).  
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.  
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

DATAMASTER SN 204191	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 01/28/2014
LOCATION OF INSTRUMENT (STREET AND CITY) Newton County Sheriffs Department, Neosho		TIME OF INSPECTION 9:35 am

**CHECKLIST:** Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (from printout) 01/28/2014 @ 0940 hours
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER 50 °C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER
<input checked="" type="checkbox"/> INDICATOR LIGHTS	
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER RepCo LOT # 13001 EXP. DATE 03/07/2015	
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.1 °C SIMULATOR SN G11047 EXP. DATE 05/02/2014	
<input checked="" type="checkbox"/> CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)	
Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)	
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE	
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE	
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE	

TEST 1 .103	TEST 2 .103	TEST 3 .104
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☒ PERFORM R.F.I. TEST (PRINTOUT ATTACHED)

**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)**

REFUSALS 0	(0-.04) 0	(.05-.09) 3	(.10-.14) 5	(.15-.19) 2	OVER .19 4
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS  
(USE OTHER SIDE IF NECESSARY).

**INSPECTING OFFICER**

SIGNATURE 	PRINT FULL NAME Jeffrey T Day
TYPE II PERMIT NUMBER/EXPIRATION DATE 230019 02/08/2015	TELEPHONE NUMBER (417) 895-6868

RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Blvd.  
Poplar Bluff, MO 63901



Department of Public Safety  
**MISSOURI STATE HIGHWAY PATROL**  
Colonel Ronald K. Replogle, Superintendent



An  
Internationally  
Accredited  
Agency

Jeremiah W. (Jay) Nixon  
Governor

Jerry Lee  
Director

To: Whom it may concern,

My last maintenance report for Datamaster #204191 had an error on the dates. I have attached the corrected report.

Thank you,  
Trooper Jeff Day 363  
Troop D, Zone 7